

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|----------|----------|
| FEE DETERMINATION | D. B. | 10/10/00 | 8/13/00 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | MA | 830 | 10-05-00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------|------|
| Final | |
| Original | |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
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| Claim | Date |
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| Claim | Date |
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

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